

CHRIS CHRISTIE
Governor



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
REAL ESTATE COMMISSION
PO Box 328
TRENTON, NJ 08625-0328
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KENNETH E. KOBYLowski
Commissioner

KIM GUADAGNO
Lt. Governor

APPLICATION FOR REAL ESTATE CONTINUING EDUCATION (CE) WAIVER

Submit all waivers by E-MAIL, MAIL or FAX	License Renewal Deadline is June 30, 2015
E-MAIL: realestate@dobi.nj.gov NJ REAL ESTATE COMMISSION – Education Bureau MAIL to: P.O. Box 328 Trenton, NJ 08625-0328	

PLEASE TYPE, OR LEGIBLY PRINT, ALL REQUIRED INFORMATION BELOW

Licensee Full Name: _____

License Reference #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone (w/ area code): _____

E-Mail Address: _____

License Type: ☐ Broker ☐ Referral Agent ☐ Salesperson

Date License Expires (mm/dd/yy): _____

Select only one CE waiver type:

NOTE: All occurrences must be during the current two year licensing cycle.

☐ Incapacitating Illness

Explain:

☐ Active Duty (US Military)

Explain:

☐ Emergency

Explain:

☐ Hardship (Not Financial)

Explain:

- Detailed documentation **MUST BE** provided for any of the above occurrences.
- Additional information and/or documentation may be requested by the NJREC.

HAVE YOU COMPLETED ANY CREDITS DURING THIS LICENSING CYCLE? ☐ YES ☐ NO
If YES, please provide all certificates of completion.

I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED, AND ANY ATTACHMENTS, ARE TRUE AND ACCURATE.

Full Name (SIGN)

Date (mm/dd/yy)